

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER	<i>EN</i>	<i>CS</i>	<i>7/12</i>
FORMALITY REVIEW	<i>B2</i>	<i>503-223</i>	<i>56-11-01</i>
RESPONSE FORMALITY REVIEW	<i>SC</i>	<i>1077</i>	<i>10/01/01</i>

## INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral).... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Date
Final	
Original	
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32	<i>N</i>
33	<i>N</i>
34	<i>N</i>
35	<i>N</i>
36	<i>N</i>
37	<i>N</i>
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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